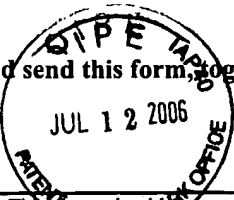


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or Fax (571)-273-2885



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

000466 7590 04/17/2006

YOUNG & THOMPSON
 745 SOUTH 23RD STREET
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 ARLINGTON, VA 22202

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/669,053	09/24/2003	Anders Karlsson	1505-1018-1	4001
TITLE OF INVENTION: INJECTING DEVICE				

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/17/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
BOUCHELLE, LAURA A	3763	604-187000			

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SHL Medical AB

Nacka, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

1. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 1

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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 25-0120 (enclose an extra copy of this form).

Change in Entity Status (from status indicated above)

(if necessary)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

07/13/2006 MBFYHEP 00000004 10669053

Authorized Signature

*Benoit Castel*Date 07/13/2006, 2006

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Benoit CASTEL #35,041

01 FC:2501

300.00 OP

02 FC:1504

3.00 OP

03 FC:0001

#35,041

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(703) 521-2297

BULK CHECK NO. 35080

The attached bulk check is in payment of the items listed below.
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Date: Wednesday, July 12, 2006
Mail Stop Issue Fee
(PTOL-85B)

Name/Due Date	Docket No.	Serial No.	Fee Paid
KARLSSON 7/17/2006	1505-1018-1	10/669,053	700.00
		10/669,053	300.00
		10/669,053	3.00
POELLINGER 7/17/2006	1506-1059	10/415,255	700.00
		10/415,255	300.00
BRUNOLD 7/14/2006	0512-1057	10/169,667	1400.00
		10/169,667	300.00
		10/169,667	6.00
KAPAAN 7/14/2006	2001-1306	10/480,728	1400.00
		10/480,728	300.00
		10/480,728	6.00
MONETTI 7/14/2006	2520-1049	11/020,274	700.00
		11/020,274	300.00
TAKATAMA 7/14/2006	8009-1002	10/078,505	1400.00
		10/078,505	300.00
		10/078,505	3.00
Total			\$8,118.00

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